## **Provider Complaint & Appeal Summary Report**

Health Plan ID: 2162845

Health Plan Name: Louisiana Healthcare Connections

Health Plan Contact: XXX

Contact Email:

Report Period Start Date: 7/1/2013 Report Period End Date: 7/31/2013

## **BAYOU HEALTH Reporting**

Document ID: PI182

Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT

Reporting Frequency: Monthly

Report Due Date: 15th of the month following end of reporting period

File Type: Excel

Subject Matter: Informatics (I)

Summary of	By Health	Ву				
Appeal Decisions	Plan	Arbitration				
Total # Decisions	172					
% Upheld	19%					
% Overturned	65%					
% Withdrawn	3%					

Reporting Period	COMPLAINT STATUS PI	Total # of	# of COMPLAINTS by ISSUE CATEGORY					# Compl		# Complaints Pending or		By Appeal Type		# Appeals Pending or	# Appeals Pending or		
		Provider Complaints	Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other	Closed 3	Closed 31 to Closed 90 Days Post Days	Closed >90	Total Provider Appeals	Pre-Service Denial	Payment Denial	Closed 31 to 90 Days Post File Date <sup>2</sup>	Closed >90
	Received this Month	201	143	0	1	0	3	1	53	3			24				
	Total Closed this Month	416	279	1	3	0	4	1	128	3	290	35	23				
	Withdrawn by Provider	0	0	0	0	0	0	0	C	)							
	Per Internal Plan Action/Decision	416	279	1	3	0	4	1	128	3	290	35					
	Per Independent Arbitration																
	Per DHH Review	0	0	0	0	0	0	0	O	)							
Jun-2013	Other	0	0	0	0	0	0	0	O	)							
	Total Pending (cumulative as of month end)	367	202	2	2	0	1	2	158	3	224	32	17			0	0
	Information needed from Provider	0	0	0	0	0	0	0	O								
	Internal Plan Review	367	202	2	2	0	1	2	158	3	224	32					
	Independent Arbitration															0	0
	DHH Review	0	0	0	0	0	0	0	O	)							
	Other	0	0	0	0	0	0	0	O	)							
	Total Complaints Received YTD	1280	773	8	12	1	7	6	473	3			180				
2013 Year to Date (YTD)	Total Closed YTD	743	453	6	8	1	6	3	266	5	485	41	172			0	0
	Withdrawn by Provider	0	0	0	0	0	0	0	C	)							
	Per Internal Plan Decision/Correction	743	453	6	8	1	6	3	266	5	485	41					
	Per Independent Arbitration																
	Per DHH Decision	0	0	0	0	0	0	0	0								
	Other	0	0	0	0	0	0	0	C								

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.

The report programming is still under review, thus any changes may result in resubmission of the report.

This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

<sup>&</sup>lt;sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.